



# STATE OF HAWAI'I REDUCTION-IN-FORCE (LAYOFF) APPLICATION

## DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT

Employee Staffing Division, Room 1100, 235 S. Beretania Street Honolulu, HI 96813

**PLEASE RETURN THIS COMPLETED 6-PAGE RIF APPLICATION AND  
2-PAGE WORK FORCE REDUCTION PLACEMENT QUESTIONNAIRE TO YOUR  
PERSONNEL OFFICE BY THE SPECIFIED DEADLINE**

THIS BLOCK FOR DHRD/DPO USE ONLY

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Date Application Received

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Position Number

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Bargaining  
Unit

### GENERAL INSTRUCTIONS TO RIF EMPLOYEE: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for job(s) identified for placement.

- If you need assistance in completing this RIF (Layoff) Application and Work Force Reduction Placement Questionnaire please contact your department's Personnel Office or designated official.
- Answer the questions completely and accurately. You may not be considered for a position if your application is incomplete; e.g., official transcripts, diploma, and/or license is not submitted. You may be disqualified or dismissed from employment if you provide false information.
- You must notify your department's Personnel Office in writing of any changes to your name, address or telephone number.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

*The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.*

1. \_\_\_\_\_  
CURRENT JOB TITLE

2. \_\_\_\_\_  
CURRENT DEPARTMENT

3. NAME: \_\_\_\_\_  
Last First Middle  
OTHER NAMES  
USED OR FORMER

4. LAST NAME: \_\_\_\_\_

MAILING  
5. ADDRESS: \_\_\_\_\_  
P.O. Box or Street Address

6. \_\_\_\_\_  
City State Zip Code

7. E-MAIL  
ADDRESS: \_\_\_\_\_

PHONE  
8. NUMBER: \_\_\_\_\_  
Home Other

9. CITIZENSHIP STATUS. The requirement for Citizenship must be met at the time of application. Place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.  
B. ☐ National of the U.S. (includes persons born in American Samoa, includes Swain's island.)  
C. ☐ Permanent Resident Alien of the U.S.  
D. ☐ Other – Non-citizen authorized under federal law to work in the U.S.

*If you selected "Other-Non-Citizen" in Question #9D, do you have an Employment Authorization Document (EAD) or other documentation allowing you to work in the U.S. without restrictions and/or employer sponsorship?*

☐ Yes ☐ No

Please explain your "Yes" or "No" answer. \_\_\_\_\_

### 10. WAIVER OF LIABILITY AND CERTIFICATE OF EMPLOYEE

#### A) WAIVER OF LIABILITY

I hereby give my consent and authorize the release of any and all records, information, and opinions regarding my background, education, employment, character and reputation needed by the Department of Human Resources Development to make a thorough investigation to determine my fitness and suitability for employment with the State of Hawai'i. This authorization shall apply to criminal history records, information and opinions, military records, educational and employment history records.

#### B) CERTIFICATE OF EMPLOYEE

I further certify that all statements in this RIF (Layoff) Application and Work Force Reduction Placement Questionnaire are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the State of Hawai'i, including but not limited to the disqualification from employment consideration, removal from the list of eligibles and/or termination from State employment. I have read the terms or conditions stated on this application and understand that there may be additional public employment-related requirements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Employee

# STATE OF HAWAII REDUCTION-IN-FORCE (LAYOFF) APPLICATION

*The information on pages 1 and 2 will not be released to persons involved in the appointment process.*

Information requested in items 11 through 18 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position to determine suitability for continued employment.

## 11. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ..... ☐ YES ..... ☐ NO

B) Separated from military service under conditions other than honorable? ..... ☐ YES ..... ☐ NO

(If you answer "Yes" to question 11A or 11B, please indicate in item #12 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

12. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 13. CONVICTION OF A VIOLATION OF LAW

A) Have you been convicted of a violation of law? ..... ☐ YES ..... ☐ NO

*Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) must be reported.*

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #14 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B) Within the past three years, have you been convicted of any offense related to controlled substances? ..... ☐ YES ..... ☐ NO

C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence? ..... ☐ YES ..... ☐ NO

(If you answer "Yes" to question 13A, 13B, or 13C, indicate in item #14 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

14. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 15. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ..... ☐ YES ..... ☐ NO

(If you answer "Yes," please indicate in item #16 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

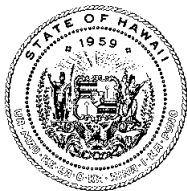
16. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 17. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawaii? ..... ☐ YES ..... ☐ NO

(If you answer "Yes," to question 17, please explain in detail in item #18 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

18. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Bargaining  
Unit

### GENERAL INSTRUCTIONS TO RIF EMPLOYEE: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for job(s) identified for placement.

- If you need assistance in completing this RIF (Layoff) Application and Work Force Reduction Placement Questionnaire please contact your department's Personnel Office or designated official.
- This RIF (Layoff) Application and Work Force Reduction Placement Questionnaire is to be submitted to your **department's Personnel Office or designated department official**. It is not submitted to the State Department of Human Resources Development, or to any other organization.
- The deadline for submitting this RIF (Layoff) Application and Work Force Reduction Placement Questionnaire is the date and time listed on your RIF (Layoff) notice.
- You have one opportunity to submit your RIF (Layoff) Application and Work Force Reduction Placement Questionnaire. Once submitted you cannot change or modify it, except for contact information.
- It is imperative that you sign and date pages 1 and 3 of this RIF (Layoff) Application and the last page of the Work Force Reduction Placement Questionnaire.

*The State of Hawai'i is an equal opportunity employer and complies with applicable  
state and federal laws relating to employment practices.*

1. \_\_\_\_\_  
CURRENT JOB TITLE

2. \_\_\_\_\_  
CURRENT DEPARTMENT

3. NAME: \_\_\_\_\_  
Last First Middle

OTHER NAMES  
USED OR FORMER  
4. LAST NAME: \_\_\_\_\_

5. MAILING  
ADDRESS: \_\_\_\_\_  
P.O. Box or Street Address

6. \_\_\_\_\_  
City State Zip Code

E-MAIL  
7. ADDRESS: \_\_\_\_\_

8. PHONE  
NUMBER: \_\_\_\_\_  
Home Other

### 9. CERTIFICATE OF EMPLOYEE

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional public employment-related requirements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Employee

# STATE OF HAWAII REDUCTION-IN-FORCE (LAYOFF) APPLICATION

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where it is a bona fide occupational qualification. The federal laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

**10. EDUCATION:** When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training. The information you provide in this section will be used strictly in the evaluation of your qualifications in your RIF search. The information you submit on this form may be verified.

**DO NOT  
WRITE IN  
THIS  
SPACE**

**A. NAME AND LOCATION** (city and state) of last grade school attended: (elementary, intermediate or high school)

**Did you graduate?** Yes: ☐ No: ☐ **If no, what grade level did you complete?** \_\_\_\_\_

**Did you receive a GED?** Yes: ☐ No: ☐

**B. TRAINING:** In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Semester	Quarter		

## 11. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

**A. DRIVER'S LICENSE:** DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes: ☐ No: ☐

**DRIVER'S LICENSE #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Class/Type:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

*If the job requires a valid driver's license, please submit a clear photocopy of both sides of your driver's license with application.*

**B. OTHER LICENSES OR CERTIFICATES:** Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

**C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH:** List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

**D. SPECIAL QUALIFICATIONS:** Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

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# EDUCATION AND EMPLOYMENT HISTORY

## STATE OF HAWAI'I REDUCTION-IN-FORCE (LAYOFF) APPLICATION

**12. EXPERIENCE: Please type or print legibly in ink.** Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed please continue on page 6 of this application. Information you submit on this form may be verified. **Do not submit a resume in place of completing this page. Please complete this section even if you are attaching a resume or other documents.**

<b>Your Present or Last Position</b>	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____

# EDUCATION AND EMPLOYMENT HISTORY

## STATE OF HAWAI'I REDUCTION-IN-FORCE (LAYOFF) APPLICATION

**12. EXPERIENCE (continued):** Please type or print legibly in ink. Information you submit on this form may be verified.

Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ <div style="text-align: center; font-size: small;">Month                      Year</div> To: _____ <div style="text-align: center; font-size: small;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ <div style="text-align: center; font-size: small;">Month                      Year</div> To: _____ <div style="text-align: center; font-size: small;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ <div style="text-align: center; font-size: small;">Month                      Year</div> To: _____ <div style="text-align: center; font-size: small;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ <div style="text-align: center; font-size: small;">Month                      Year</div> To: _____ <div style="text-align: center; font-size: small;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____

STATE OF HAWAII  
Department of Human Resources Development

WORK FORCE REDUCTION PLACEMENT QUESTIONNAIRE

Please Print Clearly

Name: \_\_\_\_\_ Department of: \_\_\_\_\_  
Last First M.I.

Job Title of Permanent Position: \_\_\_\_\_ Position No.: \_\_\_\_\_ Salary Range: \_\_\_\_\_

I. Check the box(es) of the areas in which you will accept employment.

If you are a permanent member employee in one of the following Bargaining Unit (BU) or Excluded Unit (EU) counterpart groups - BU 02, 03, 04, 09, 11 and 13; EU 82, 63, 84, 79, 99, 71, 91, 73 and 93; or EM 30, 31, 32, 33, 34 and 35 - you must also rank your preference in the space before the box(es) you checked. You only need to rank those areas you select. Begin with the number "1" as the location you most prefer. Your preference will be considered, to the extent possible, in the referral process for **vacant positions only**. Any bumping action will be based solely on retention points and without regard to your ranked preferences.

Ranking preferences shall **not apply** to employees of BU 01 and 10 or EU 61, 70 and 90.

■ OAHU

- ☐ **Ewa** (Including Makakilo, Kapolei, Barber's Point, Ewa Beach)
- ☐ **Waipahu to Aiea** (Includes Waiekele, Waipio, Pearl City)
- ☐ **Halawa to Kalihi** (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)
- ☐ **Downtown** (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)
- ☐ **Manoa to Kahala** (Includes McCully, Moiliili, Waikiki, Kapahulu, Kaimuki, Waialae, Palolo)
- ☐ **Aiea Haina to Hawaii Kai**
- ☐ **Waimanalo / Kailua**
- ☐ **Kaneohe to Kualoa** (Includes Kahaluu, Waiahole, Waiakeane)
- ☐ **Kaaawa to Kahuku** (Includes Punaluu, Hauula, Laie, Kuilima)
- ☐ **North Shore** (Includes Waimea, Haleiwa, Waialua)
- ☐ **Wahiawa / Kunia / Mililani**
- ☐ **Waianae Coast** (Includes Nanakuli, Maili, Waianae, Makaha)

■ HAWAII

- ☐ **Hilo** (Including Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)
- ☐ **Honokaa / Hamakua** (Including Ookala, Paauilo, Paauhau, Haina, Kukuihaele)
- ☐ **Kamuela / Kohala / Waikoloa** (Including Halaula, Kapaa, Hawi, Kawaihae, Waimea)
- ☐ **Kona** (Including Keahole, Kailua-Kona, Holualoa, Keauhou, Kealahakua, Captain Cook, Honaunau)
- ☐ **Ka'u** (Including Ocean View, Naalehu, Pahala)
- ☐ **Puna** (Including Hawaii Volcanoes National Park, Volcano, Mountain View, Kurtistown, Keaau, Pahoa, Kapoho)

■ MOLOKAI

- ☐ **Kaunakakai** (Including Maunaloa, Hoolehua, Kualapuu)
- ☐ **Kalaupapa**

■ MAUI

- ☐ **Wailuku / Kahului** (Including Puunene, Paukukalo, Waiehu, Waihee)
- ☐ **Lahaina**
- ☐ **Maalaea / Kihei / Wailea**
- ☐ **Hana**
- ☐ **Makawao** (Including Pukalani, Haliimaile, Haiku, Paia)
- ☐ **Kula**

■ KAUAI

- ☐ **Lihue** (Including Hanamaulu)
- ☐ **Kapaa** (Including Wailua, Kealia, Anahola)
- ☐ **Hanalei** (Including Kilauea, Princeville, Haena)
- ☐ **Waimea** (Including Kokee, Kekaha, Kaunakani, Hanapepe, Elele, Port Allen, Kalaeo)
- ☐ **Koloa** (Including Lawai, Omao)

■ LANAI

- ☐ **Lanai City**

**NOTE: Any question that you do not check a "Yes" or "No" will be deemed to be answered as a "No."**

2. Are you willing to waive your displacement (bumping) rights and be placed in vacant positions only? ☐ Yes ☐ No

*If you answer yes, you cannot change your mind later and you may be terminated if you cannot be placed in a vacant position.*

3. What is the lowest salary range (e.g., SR, BC, etc.) within your bargaining unit or excluded unit salary schedule that you will accept? \_\_\_\_\_

*If you are demoted to avoid layoff, your compensation will be adjusted in accordance with contractual provisions or Executive Orders.*

**Please answer question #4 if you are a permanent member employee of one of the following bargaining units: BU 02, 03, 04 and 13; or counterpart excluded units; EU 82, 63, 84, 73 and 93; or EM 30, 31, 33, 34 and 35.**

4. Are you willing to accept employment in a temporary position? ☐ Yes ☐ No

*If you accept placement in a temporary position, you will no longer be a permanent member employee and you will be discharged after the temporary employment ends. As a temporary member employee, you will not have further RIF placement rights (i.e., if you possess 24 or more retention points, you will not be entitled to a jurisdiction wide RIF search) and you will not be eligible to be placed on the recall list.*

**Please answer question #5 if you are a permanent member employee of one of the following bargaining units: BU 02, 03, 04, 09 and 13; or counterpart excluded units; EU 82, 63, 84, 79, 99, 73 and 93; or EM 30, 31, 32, 33, 34 and 35.**

5. If you are a **Full-time** employee,  
Are you willing to bump into a part-time position? ☐ Yes ☐ No

**Please answer question #6 if you are a permanent member employee of one of the following bargaining units: BU 01, 10 or counterpart excluded units; EU 61, 70, or 90.**

6. If you are a **Full-time** employee,  
Are you willing to accept a part-time vacant position? ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_